Statement of Organization - Candidate Committee

Is this statement: ☑ New ☐ Amended

Use this form to create a new or update an existing candidate committee.
This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information

a. Name of Committee	d. ID Number
Committee to Re-Elect Karen Mosteller	YDF8FM
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
310 N Atlantic Ave., Southport NC 28461	July 17, 2025
c. Committee Website (Optional)	**f. Phone Number**
	704-560-2443

2. Candidate Information

a. Full Name	e. Party Affiliation
Karen Mosteller	Non-Partisan
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
310 N Atlantic Ave., Southport NC 28461	Alderman

c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-560-2443	kemosteller@gmail.com	2025	Southport Ward 1

☐ Email copy of report notices

3. Treasurer Information

a. Full Name	
Karen Mosteller	
b. Mailing Address (include City, State, and Zip Code)	
310 N Atlantic Ave., Southport NC 28461	
c. Phone Number	**d. Email Address**
704-560-2443	kemosteller@gmail.com

Send report notices by email ☑ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	**d. Email Address**

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

☐ Email copy of report notices

RECEIVED
JUL 17 2025
BRUNSWICK COUNTY
BOARD OF ELECTIONS

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
Self-Funded	
b. Account Code	**c. Type**

I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

Karen Mosteller		July 17, 2025
Printed Name of Treasurer	Signature of Appointed Treasurer	Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Karen Mosteller		July 17, 2025
Printed Name of Candidate	Signature of Candidate	Date